

Name
in
Full

Charles Bryant Aaron

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fishing Creek</u>		Town	County <u>Dorchester</u>	
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>19th</u>	Years <u>Age 27</u>	Months <u>6</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Dorchester Co.</u>		
Occupation <u>Oysterman</u>	Where Residing if not at place of death <u>Fishing Creek Md.</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amy Parker</u>			
Father's Name <u>Merlellens Aaron</u>	Father's Birthplace <u>Dorchester Co.</u>			
Mother's Maiden Name <u>Sarah E Hooper</u>	Mother's Birthplace <u>Dorchester Co.</u>			
Name of person giving information <u>J. Frank Aaron</u>	How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowned

How long

Immediate

Jan 19th. 1905

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

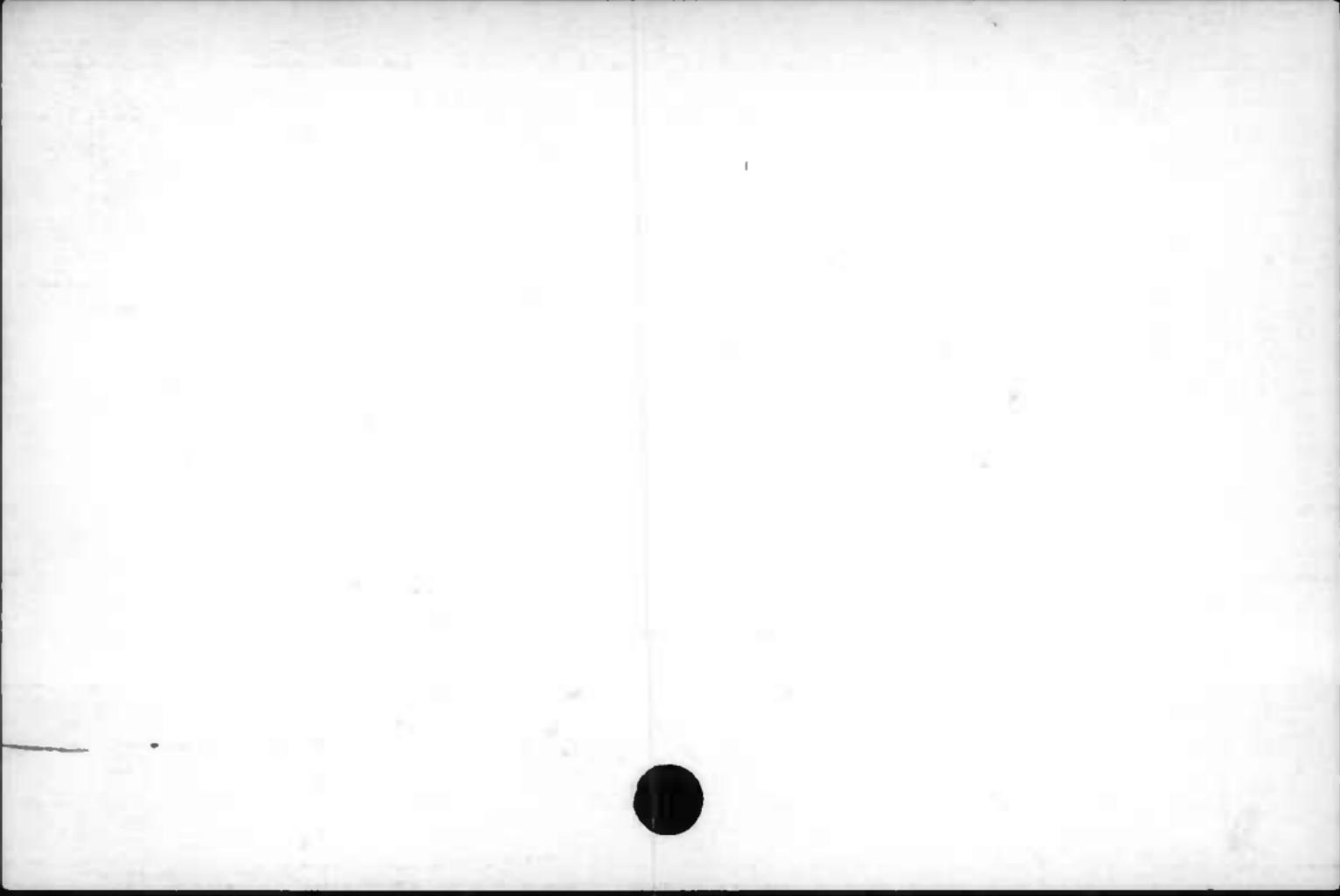
Signature of Physician

Address

Along Wavers J. Cross
Fishing Creek Md.

Accident or Suicide?

Accident



Name
in
Full

Willard F. Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		County Dorchester		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Jan	5	Age	2	7	
Sex	Male	Color or Race	white	Birth-place	Cambridge	
Occupation	Where Residing if not at place of death					
None		None				
Married, Single or Widowed		Name of Wife or Husband		✓		
Father's Name		Willard Cannon		Father's Birthplace Bishops Head		
Mother's Maiden Name		Effie M. Jones		Mother's Birthplace "		
Name of person giving information		see Stanley		How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

100 days

Immediate

Exhaustion

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

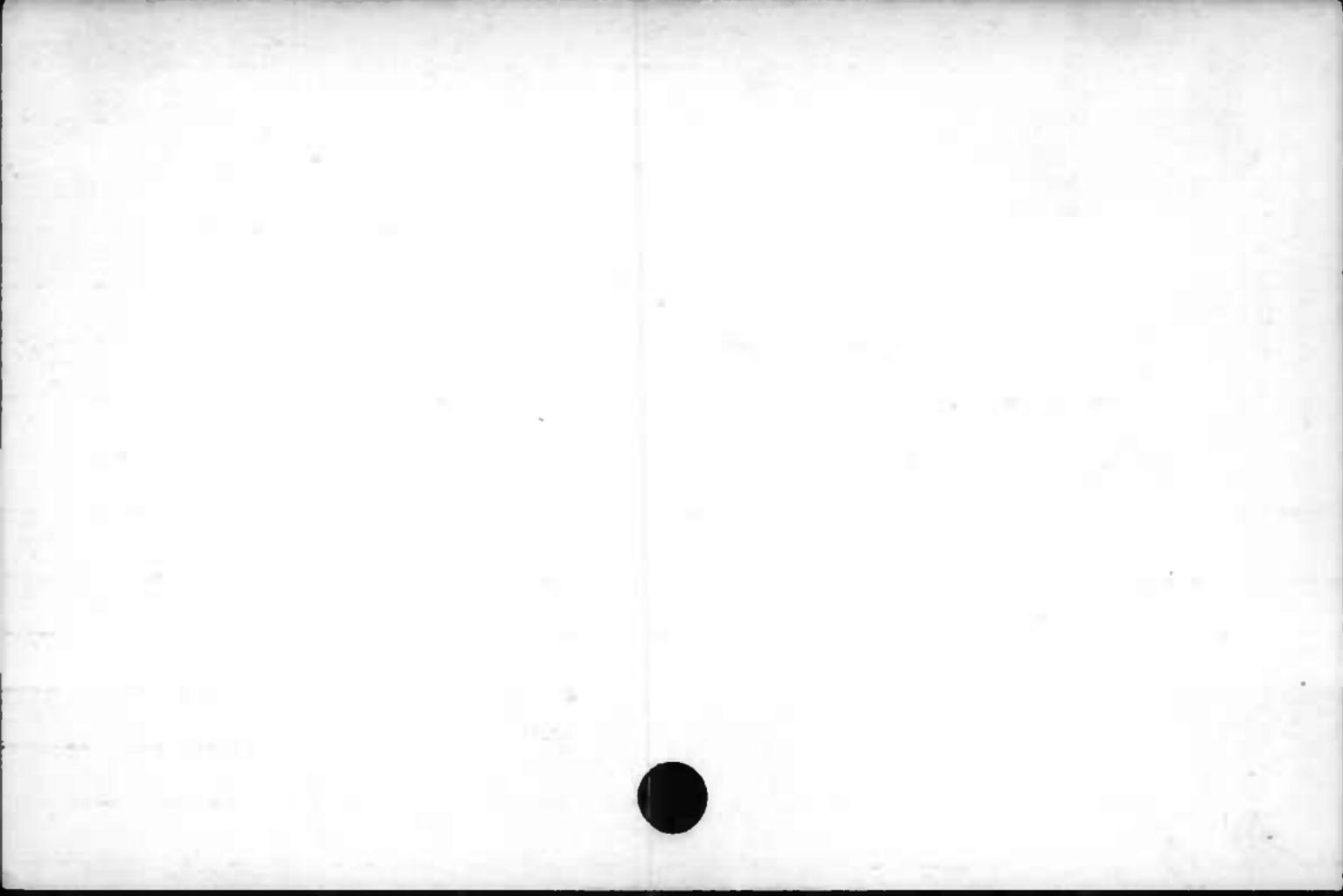
Address

Cambridge

MD

Accident or Suicide?

✓



Elia Cragg, Jr.

Town

Frosting Creek Dor

County

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19

05 Jan 9

Age 94

Widow

Divorced

White

Married

Widower

Number of children living

Colored

Single

Widow

Husband of

Robert Walker

Wife

Mother's

Father's

Maiden Name

Name

Samie Shillifer

Cause of

Primary

old age

How long sick

Death

Immediate

60 day

Accident, Suicide, Homicide

Reported by

Cedary Walker

Address

Frosting Creek Mo. W H Summers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eliza Dashiel

CERTIFICATE OF DEATH

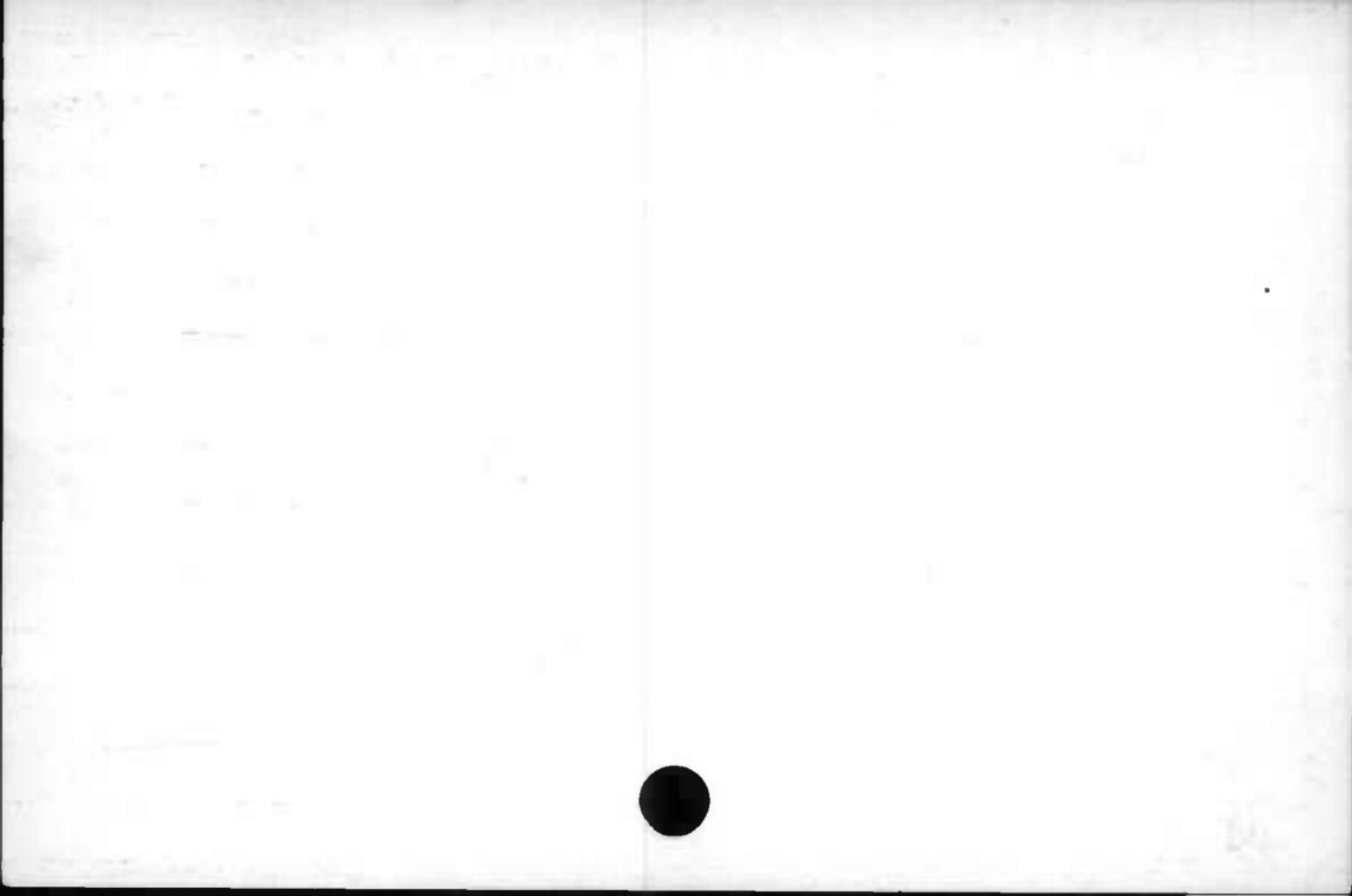
To BE ANSWERED BY
NEAREST FRIEND

Town	Died at Bucktown		County	Dorchester	
Date of death	1905	Month Jan.	Day 18	Years 71	Months
Sex	Female	Color or Race	BLK	Birth-place	Md.
Occupation	Hwk.		Where Residing if not at place of death	—	
Married, Single or Widowed	Widow	Name of Wife or Husband	—	Father's Birthplace	Md
Father's Name	Wm. Camper		—	Mother's Birthplace	Md
Mother's Maiden Name	Sarah Stiles.		—	How related to deceased	Stepson
Name of person giving information	Arch Clash		—		

CAUSES OF DEATH

Primary	Dropsy - (Cardiac)	
Immediate	"Heart failure"	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albanans Dean

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Wootans Island

Dorchester

Month

Years

Months

Days

Date of death 1905 Jan 19th

Age 48 Do not know exact age

Sex

male

Color or Race

white

Birth-place

Dorchester Co.

Occupation

Oysterman

Where Residing if not
at place of death

Fishing Creek

Married, Single
or Widowed

married

Name of Wife or
Husband

Josephine Simmons

Father's Name

John Dean

Father's Birthplace

Dorchester Co

Mother's Maiden Name

Melissa C. Flowers

Mother's Birthplace

Dorchester Co

Name of person giving
Information

Alfred J. Flowers

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Draining

How long

Immediate

Body found March 30th 1905

How long

Are the name, age, sex, color, date
and place correctly given above?

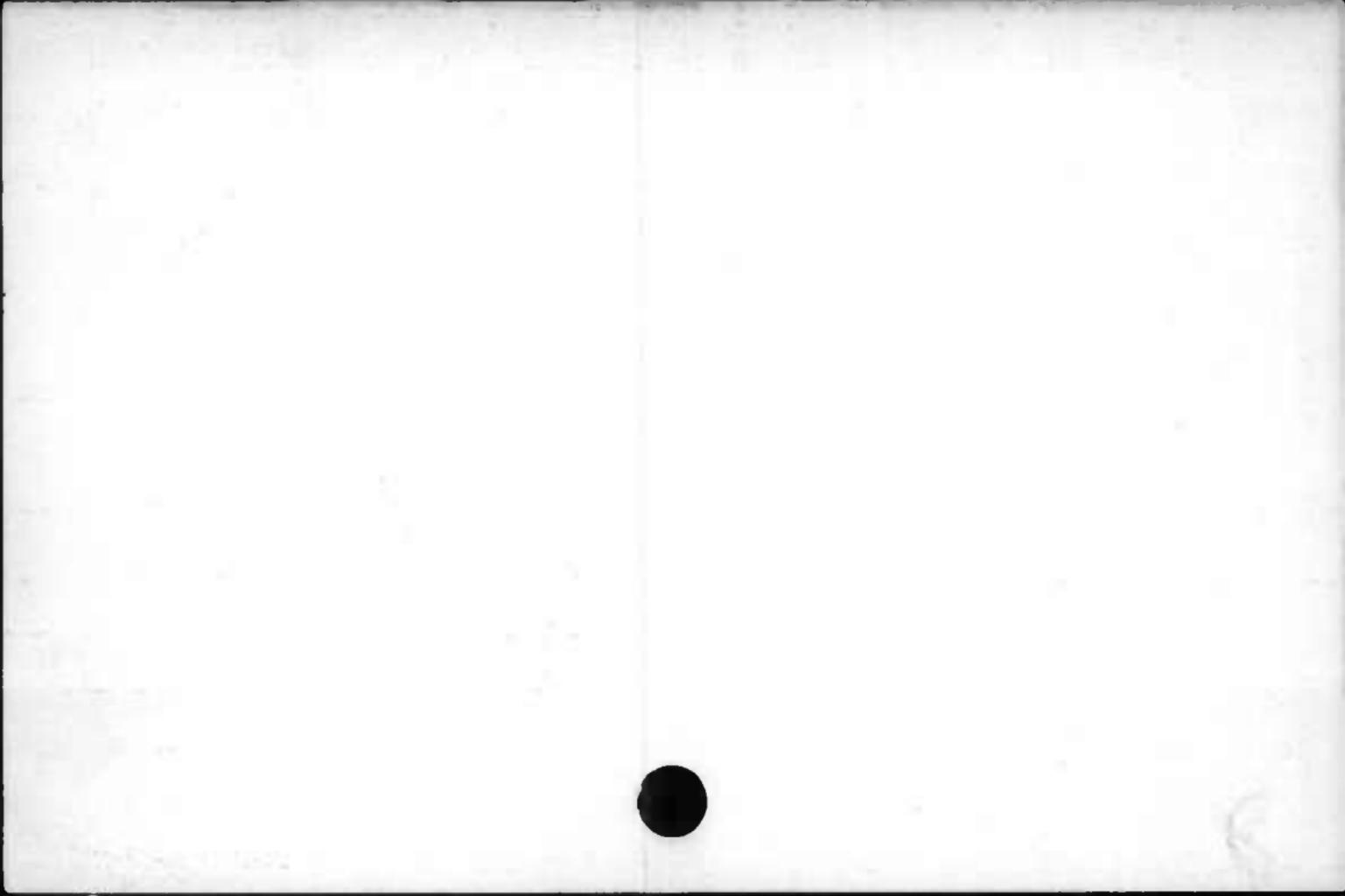
Signature of
Physician

Address

Alonzo Flowers Jr.
Fishing Creek

Accident or Suicide?

accident.



Name
in
Full

Frise Ennalls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	2	8
Occupation	Where Residing if not at place of death			
Married Single or Widowed	Name of Wife or Husband	Blush Brook		
Father's Name	John Ennalls			
Mother's Maiden Name	Jane McGlotten			
Name of person giving information	V.B. Carroll			
Father's Birthplace				
Blush Brook				
Mother's Birthplace				
Blush Brook				
How related to deceased				
Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

unperformed

How long

3 days

Immediate

Bon vulsins

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

V.B. Carroll
Lamburg Rd.

Accident or Suicide?



Wm. Henry Farrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Church Creek</u> <small>Town</small>			County <u>Baltimore</u>			MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>6</u>	Age <u>73</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>W.M.C. and -</u>					
Occupation <u>farmer</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wilhelmina Chase</u>						
Father's Name <u>Wm. Henry Farrow</u>			Mother's Birthplace <u>W.M.C. and -</u>				
Mother's Maiden Name <u>_____</u>			Mother's Birthplace <u>_____</u>				
Name of person giving information <u>James Farrow</u>			How related to deceased <u>son</u>				

CAUSES OF DEATH

Primary	<u>Chronic interstitial nephritis</u>	How long
Immediate	<u>Heart sufficiency</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

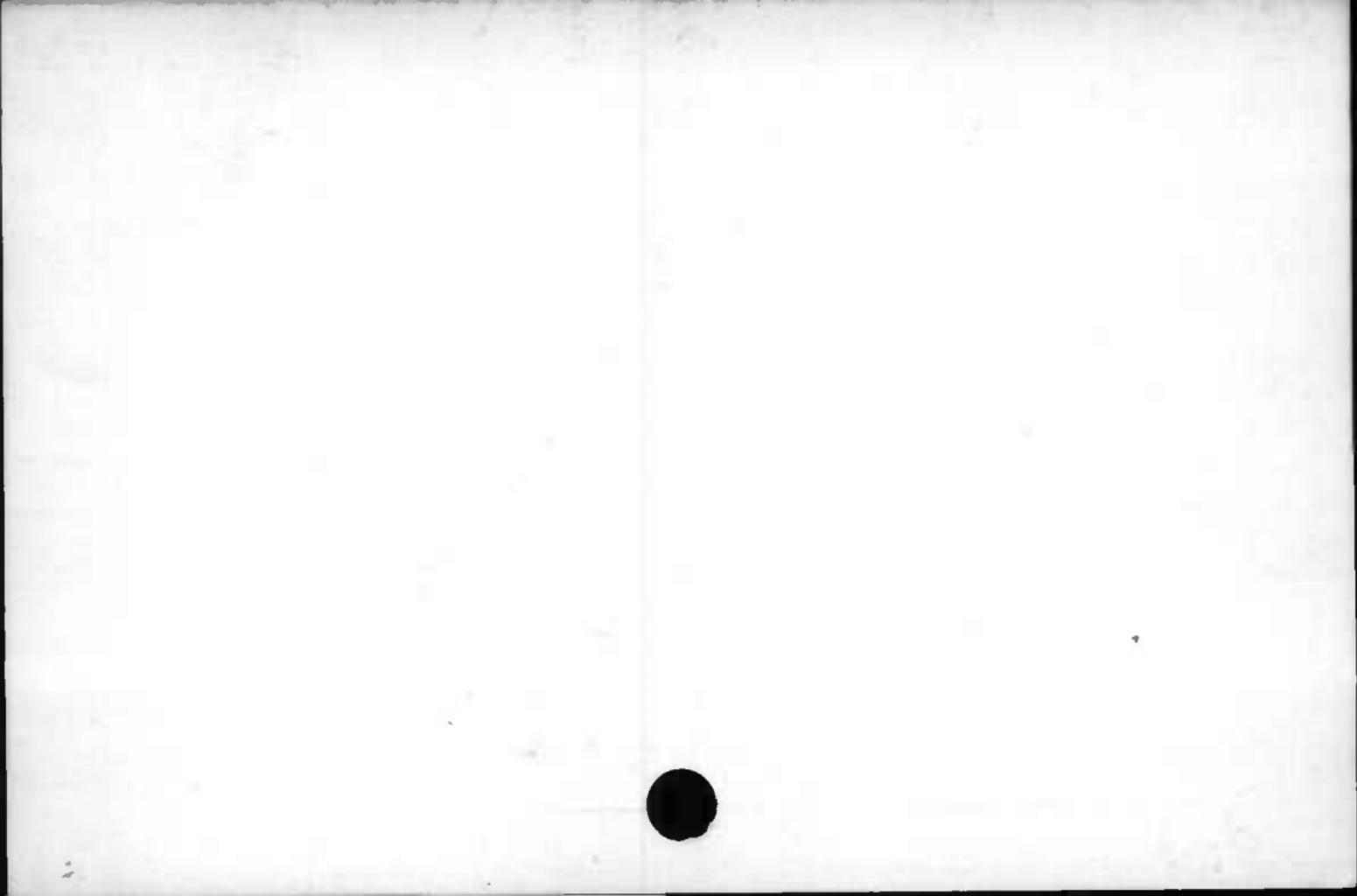
Signature of Physician

R. S. Sistrick

Address

Church Creek Md.J

Accident or Suicide?



Ruth Gillis

Died at

Linkwood Dorchester

MARYLAND

Date 1905

Month	Day	Y.	M.	D.	Native of	Occupation
Jan	12	5	11	10	Md	—
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name

George Gillis

Mother's Maiden Name

Bertha Hurley

Cause of

Primary

Diphtheria Laryngitis How long sick
4 days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Dr. E. A. Jones

Address

E. N. Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Laura Kenny

CERTIFICATE OF DEATH

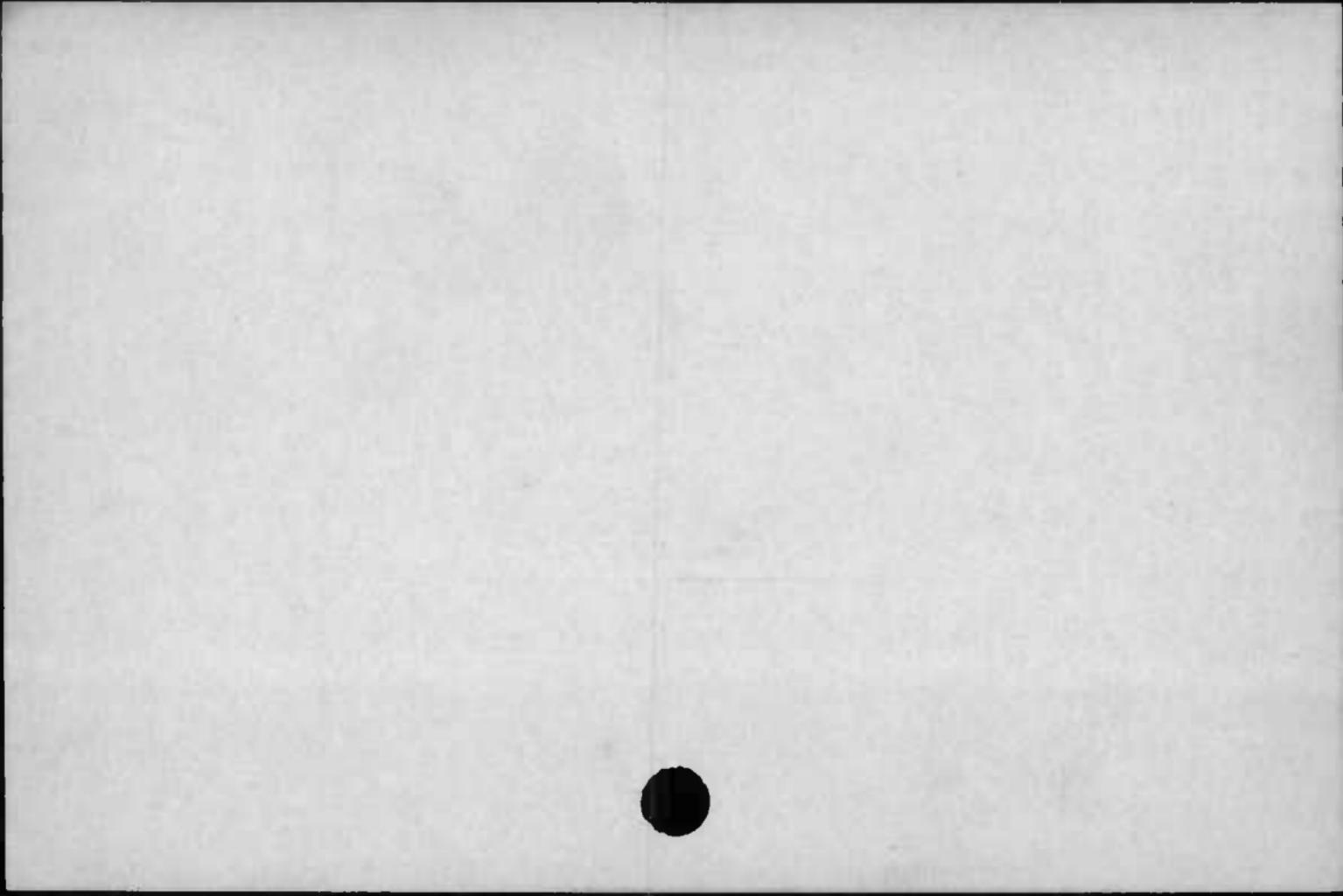
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Cambridge	Dorchester			
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	32	
Occupation	Housewife			Where Residing if not at place of death	Cambridge Md	
Married, Single or Widowed				Name of Wife or Husband	Mrs. Kenny	
Father's Name	~			Father's Birthplace		
Mother's Maiden Name	~			Mother's Birthplace		
Name of person giving information	Mrs. Kenny			How related to deceased		

CAUSES OF DEATH

Primary	Carcinoma of Ovary		How long	one year
Immediate	Obstruction of bowels		How long	one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. W. Glazebrough	
Address	Cambridge Md			
Accident or Suicide?				

PHYSICIAN
OR CORONER



Died at <u>Gales Ferry</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date 19	Month <u>05</u>	Day <u>31</u>	Y. <u>31</u>	M. <u>Married</u>	D. <u>Widow</u>	Native of <u>NC</u> Occupation <u>Lady</u>
Male	White					Divorced
Female	Colored		Age <u>31</u>	Single	Widower	Number of children living <u>1</u>
Husband of <u>Joseph H. K. Lane</u>						
Wife <u>Pete Hartin</u>	Mother's Maiden Name <u>do not know</u>					
Father's Name <u>Pete Hartin</u>						
Cause of Death <u>Primary</u> <u>Colon Cancer</u>						How long sick <u>1 year</u>
Death <u>Immediate</u>						Accident, Suicide, Homicide <u>✓</u>
Reported by <u>E. R. Oeler</u>						
Address <u>Gales Ferry</u>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

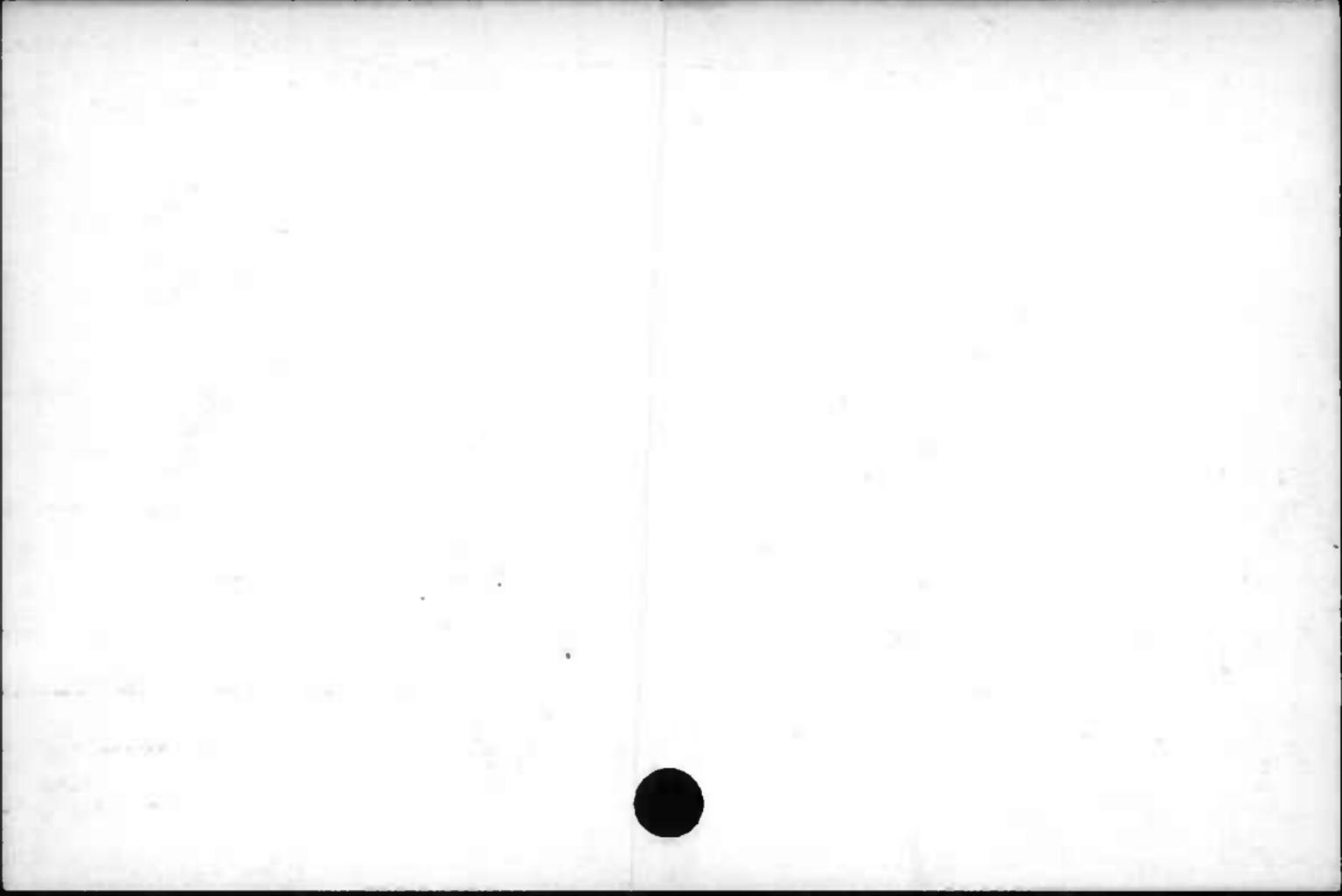
J

Sarah Melvina Matthews

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	Jan.	27 th	21	8	29		
Sex	Color or Race		Birthplace				
<i>Female</i>	<i>Col.</i>		<i>D.C. Col.</i>				
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Jeremiah Matthews</i>						
Mother's Maiden Name	<i>Caroline Curwells</i>						
Name of person giving information	<i>Caroline Curwells</i>						
CAUSES OF DEATH							
Primary	<i>Plethys Pulmonalis</i> (2)						
Immediate							
Are the name, age, sex, color, date and place correctly given above?	<i>Probably</i>						
Signature of Physician		<i>P. L. Smith</i>					
Address		<i>Church Creek, Md.</i>					

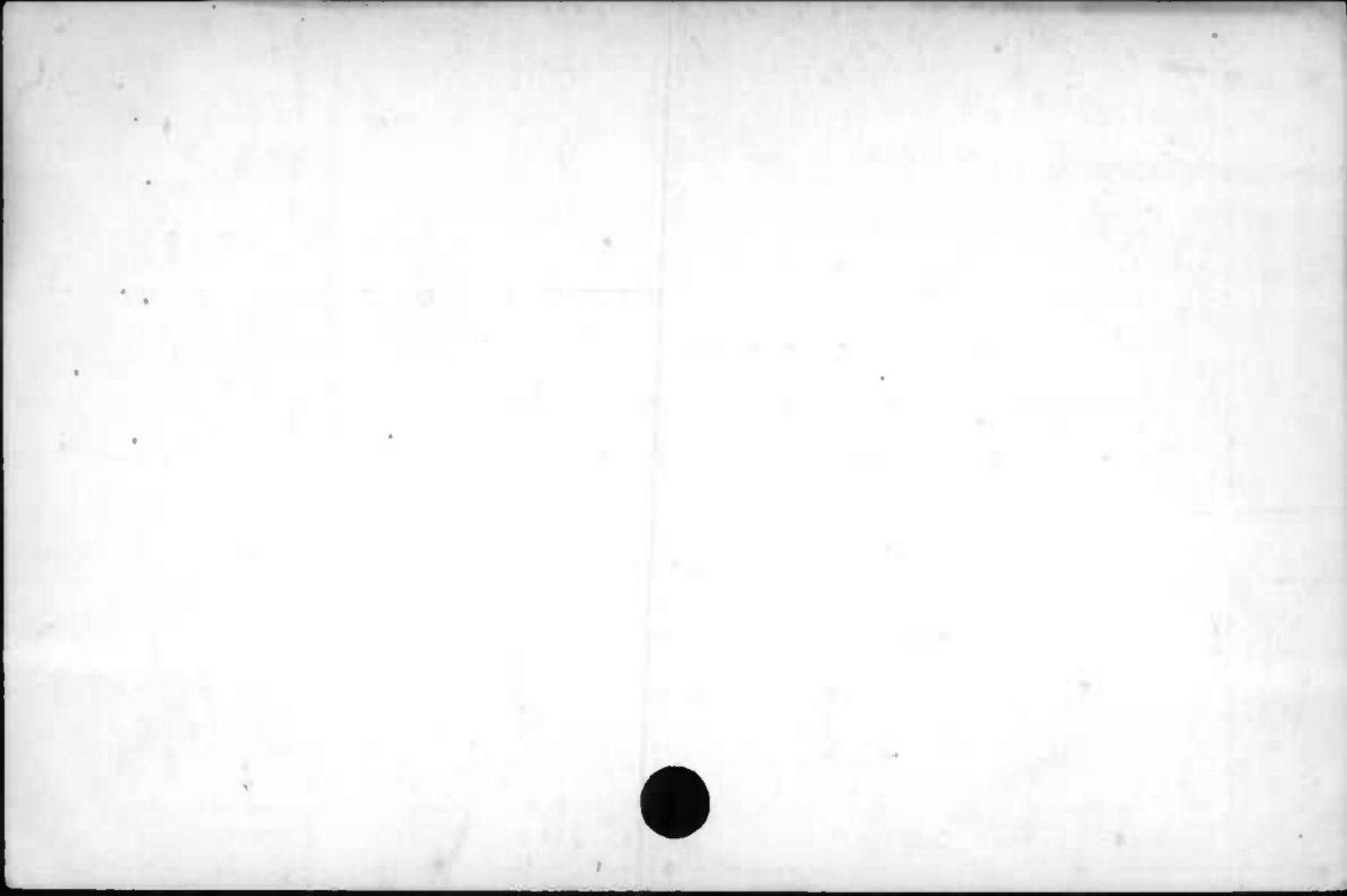
Accident or Suicide?



Otos J Messick					CERTIFICATE OF DEATH	
Died at		Town Cambridge	County Dorchester		MARYLAND	
Date of death	Month Jan	Day 15	Years 78	Age	Months	Days
Sex Male	Color or Race White			Birth place Somerset Co Md		
Occupation Oysterman	Where Residing if not at place of death					
Married, Singl or Widowed	Name of Wife or Husband					
Father's Name John Messick	Father's Birthplace Somerset Co. Md					
Mother's Maiden Name Helen Tyler	Mother's Birthplace Somerset Co. Md					
Name of person giving Information Mr. John Messick	How related to deceased Mother					

CAUSES OF DEATH

Primary Tuberculosis Pulmonary and Laryngeal	How long Some months
Immediate Epilepsy	How long Some weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Colarborough
Address Cambridge Md	
Accident or Suicide?	



Name
in
Full

Samuel Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elliotts</u> Town		County <u>Worcester</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>1</u>	Day <u>24</u>	Years <u>4</u>	Months <u>3</u>	Days <u>6</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Elliotts</u>				
Occupation <u> </u>		Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>				
Father's Name <u>Chas Moore</u>		Father's Birthplace <u>Elliotts</u>				
Mother's Maiden Name <u>Ada Bassley</u>		Mother's Birthplace <u>Phil. Pa.</u>				
Name of person giving information <u>Chas Moore</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scarlet fever</u>	How long <u>Three weeks</u>
Immediate <u>Nephritis</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Elliott</u>
	Address <u>Wm Elliott</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Elizabeth Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1905	Jan.	18 th	95	0	0	0	
Sex	Color or Race		Birth-place		Dor. Co. Md.		
Female	Col.		Dor. Co. Md.				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Robert Myers				
Father's Name	Don't know			Father's Birthplace	Dr. G. J. D. (Probably)		
Mother's Maiden Name	Don't know			Mother's Birthplace	" " " "		
Name of person giving Information				How related to deceased	—		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Don't know

How long

Immediate

79

How long

Are the name, age, sex, color, date
and place correctly given above?

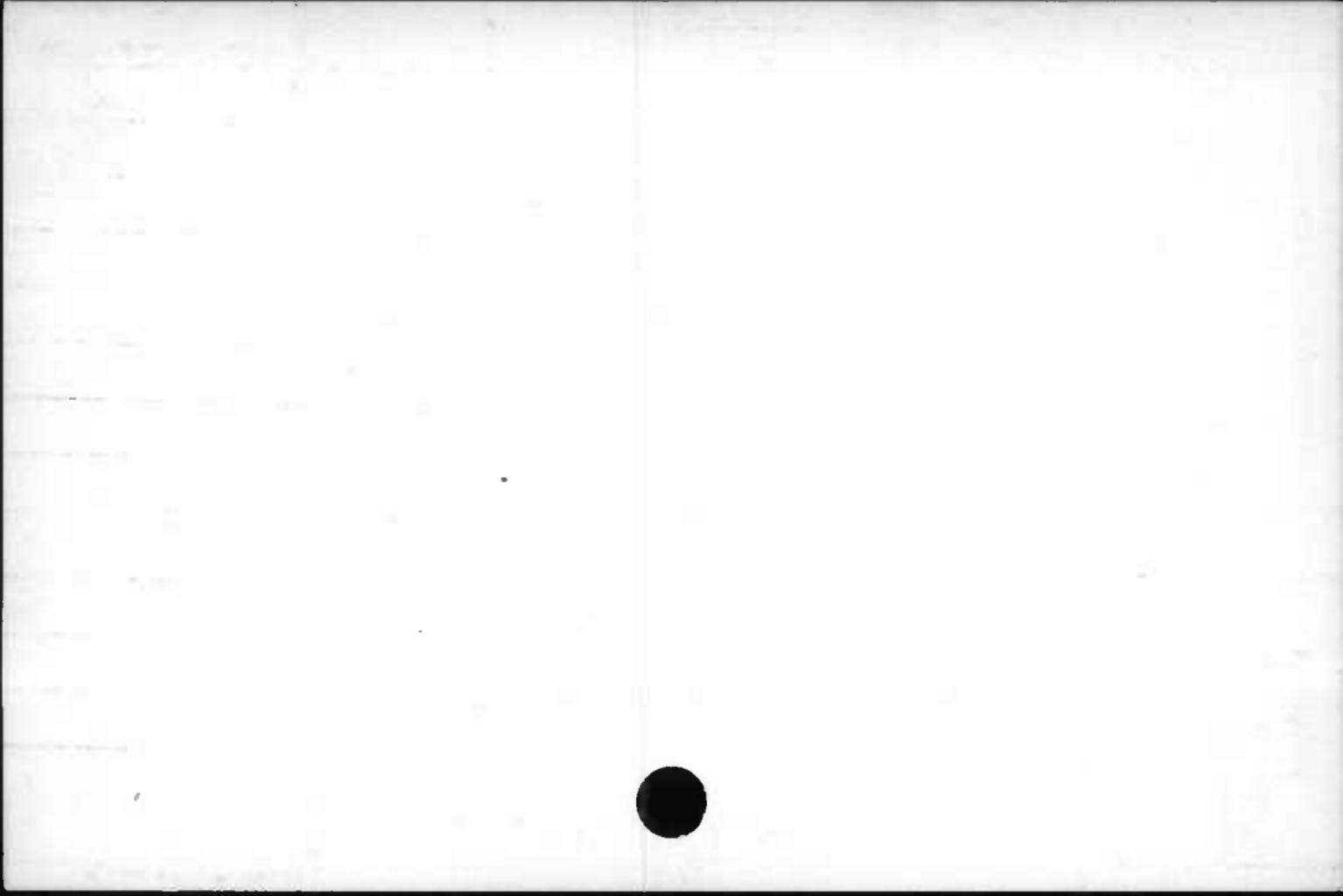
Probably

Signature of
Physician

Address

P. L. Smith, M.D.
Church Creek, Md.

Accident or Suicide?



Name
in
Full

Siggi Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Crown		County	MARYLAND	
Date of death	1905	Month Jan	Day 3	Years 37	Months — Days .
Sex	Female	Color or Race	colored		
Occupation	Housewife		Where Residing if not at place of death	Dr. C. M. L.	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Billy Lee		Father's Birthplace	Dr. C. M. L.	
Mother's Maiden Name	Ellen Nichols		Mother's Birthplace	Dr. C. M. L.	
Name of person giving information	Ellen Nichols		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

4 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

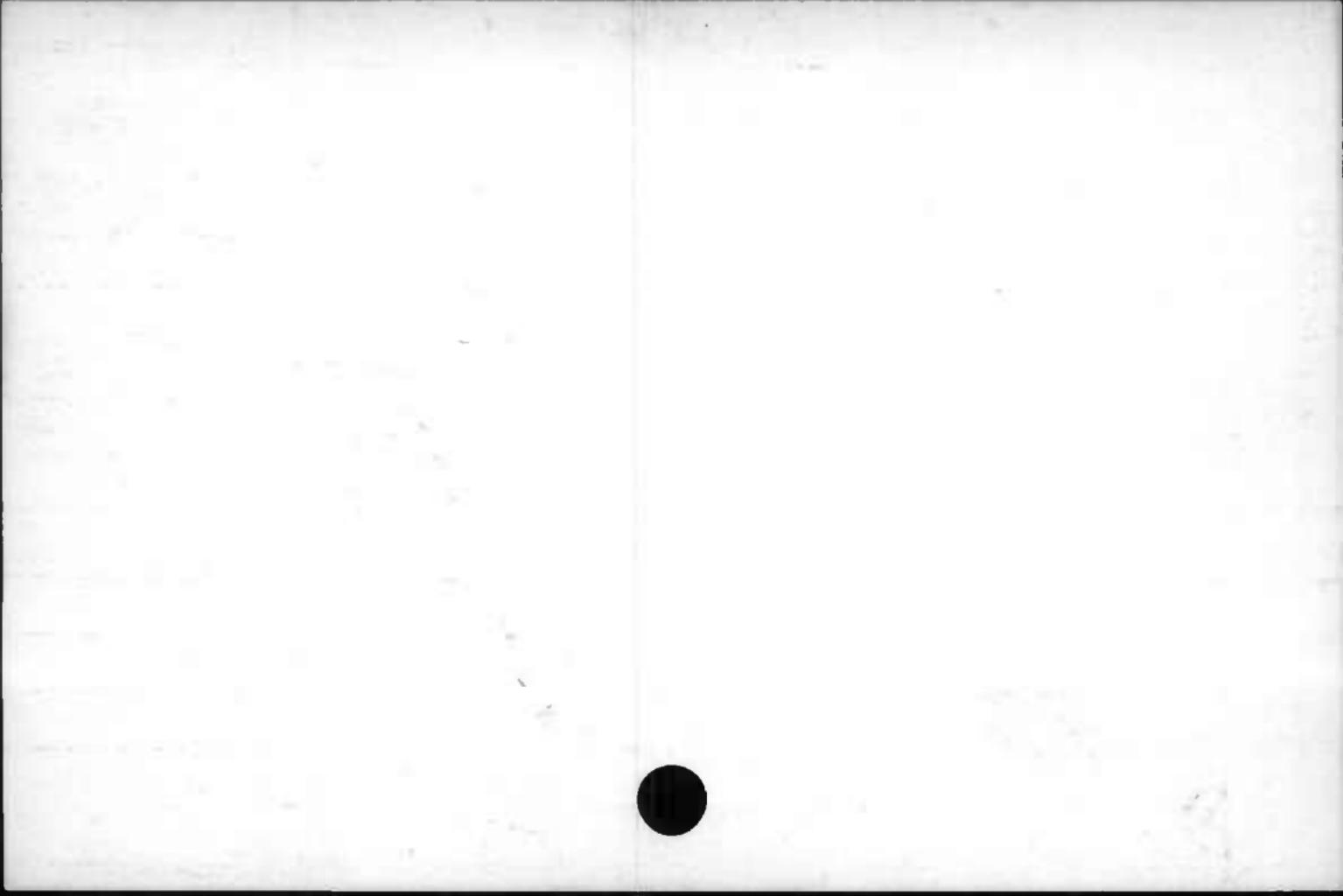
Signature of Physician

Address

Frank Steele

Cambidge, Md.

Accident or Suicide?



Name
in
Full

Mary Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1905		1	15	2	3	4
Sex		Female	Color or Race	White	Birth-place	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Jacob Payne		Father's Birthplace		Baltimore
Mother's Maiden Name		Margaret Payne		Mother's Birthplace		Sedgwick Ill
Name of person giving information		Jacob Payne		How related to deceased		Mather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

five days

Immediate

Cardiac failure

How long

half hour.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.R. Ellis

Vienna

Accident or Suicide?



Name
in
Full

Mrs Lizzie Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>27</u>	Years <u>46</u>	Age <u>46</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Caroline Co Md</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed	Name of Wife or Husband <u>David Perry</u>					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

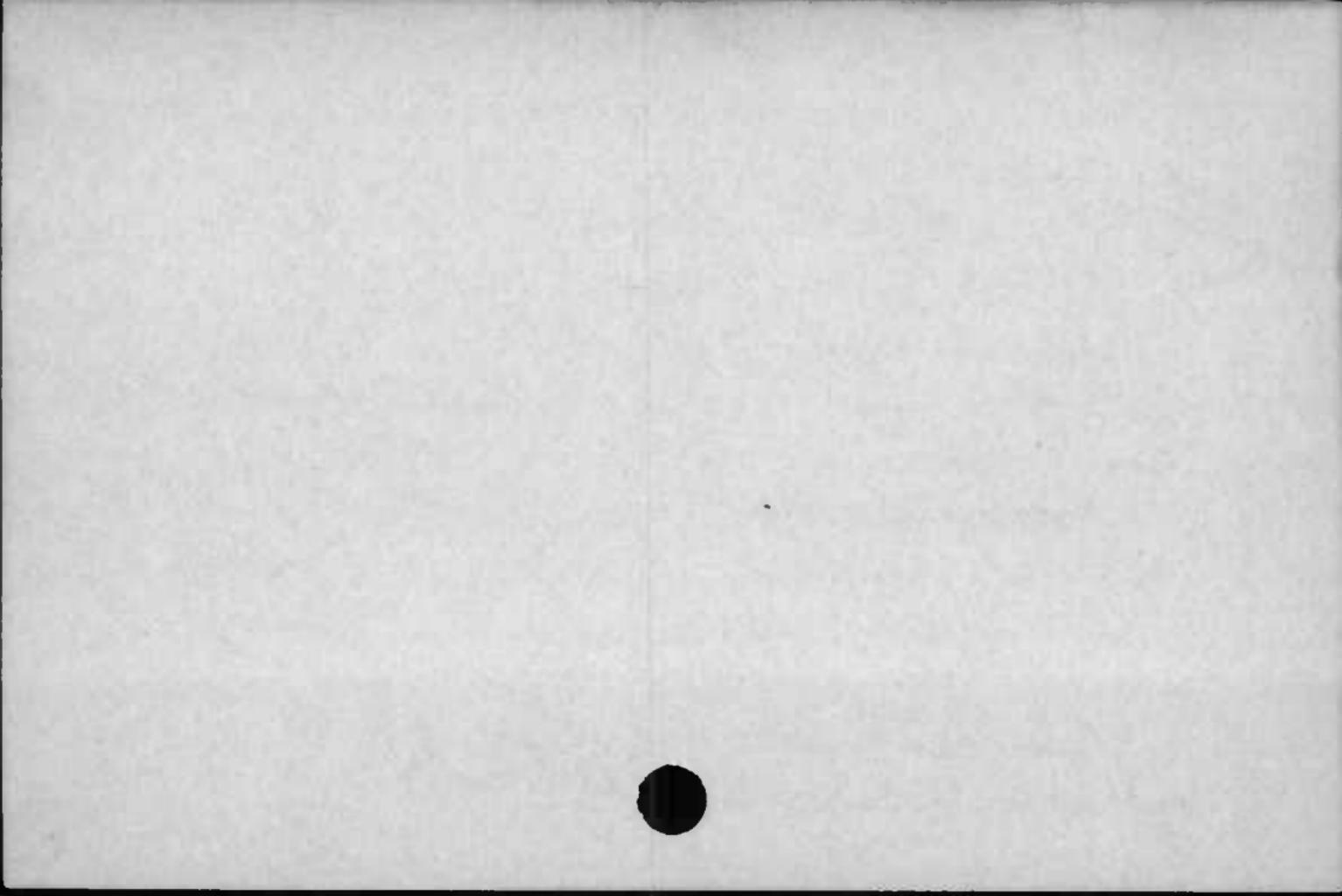
PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Breast</u>	How long <u>2 years</u>
Immediate	<u>Secondary Deposit in Mediastinum</u>	How long <u>few months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician

John D. Perry

Address

Accident or Suicide?



Gustav Tomas Phillip Jr

Died at Fishing Creek Town Dor County MARYLAND

Date 19 05 Jan 19 Month Jan Day 19 Y. M. D. Native of Fishing Creek Occupation farmer
 Male White Married Widow Divorced
Black Colored Single Widower Number of children living

Husband of Mackie Harper

Wife Father's Name Saul Phillips Mother's Maiden Name

Cause of Death Primary old age ✓ How long sick 36 days
 Immediate ✓ Accident, Suicide, Homicide

Reported by Ermine Dimmick

Address Fishing Creek Doctor W.H. Dimmick
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emelye Pinckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 1	Day 31	Years 38	Months 6	Days 4
Sex	Female	Color or Race	Black			
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Eliza Pinckett			
Father's Name	Perkins		Father's Birthplace			
Mother's Maiden Name	Not known		Mother's Birthplace			
Name of person giving information	Robert B. Parker		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	
Immediate	27	How long three months
Are the name, age, sex, color, date and place correctly given above?	Yes	How long
	Signature of Physician W.R. Elliott	Address Brianna
Accident or Suicide?		



Name
in
Full

William Denard Ross

CERTIFICATE OF DEATH

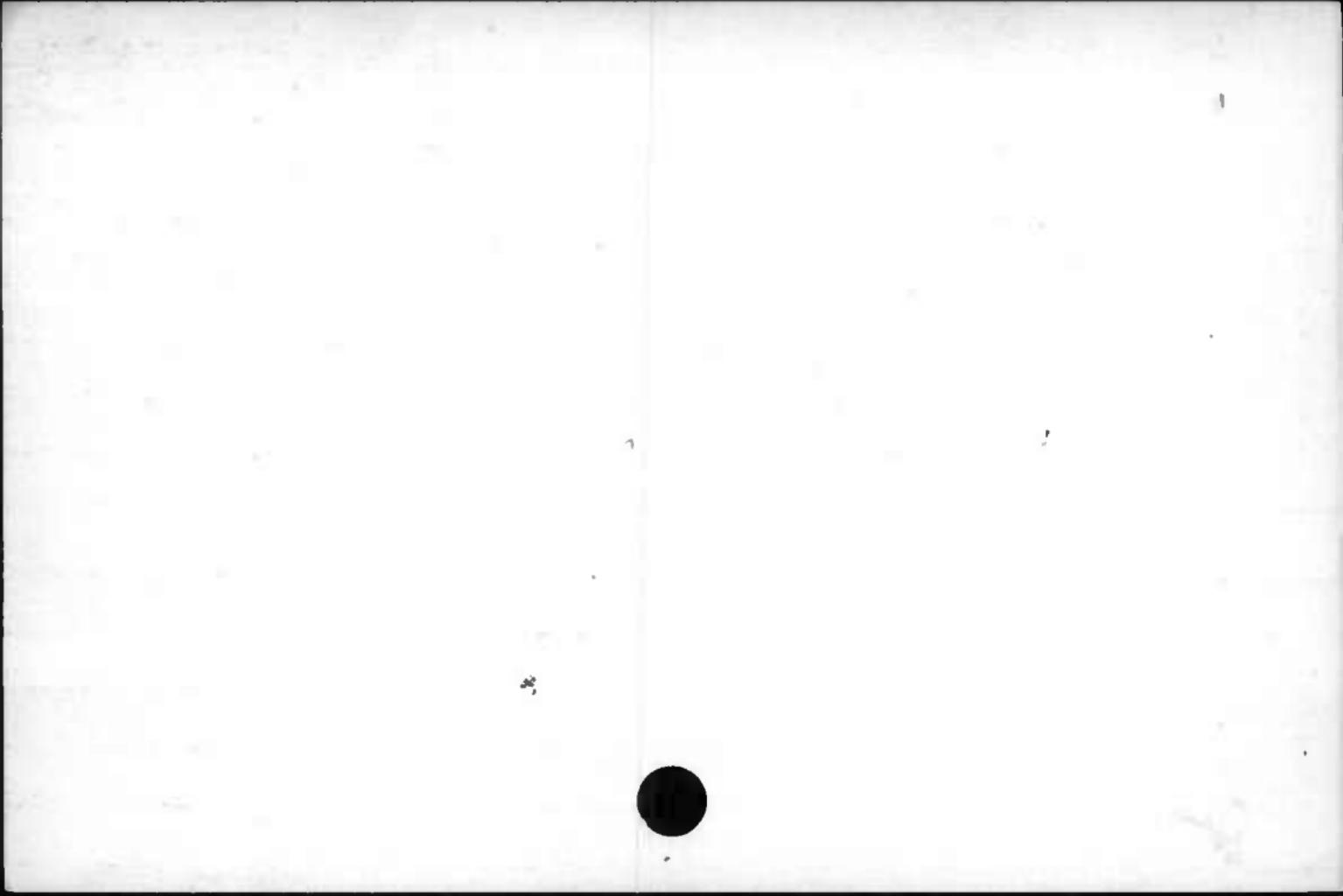
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John H. Ross				
Mother's Maiden Name	Maggie Stiles				
Name of person giving information	John H. Ross				
CAUSES OF DEATH					
Primary	Bronchitis (Tuberculosis)				
Immediate	Exhaustion.				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Address			
Accident or Suicide?					

PHYSICIAN
OR CORONER



E. E. Wolff,
Cambridge, Md.



Name
in
Full

Hughy Smith

CERTIFICATE OF DEATH

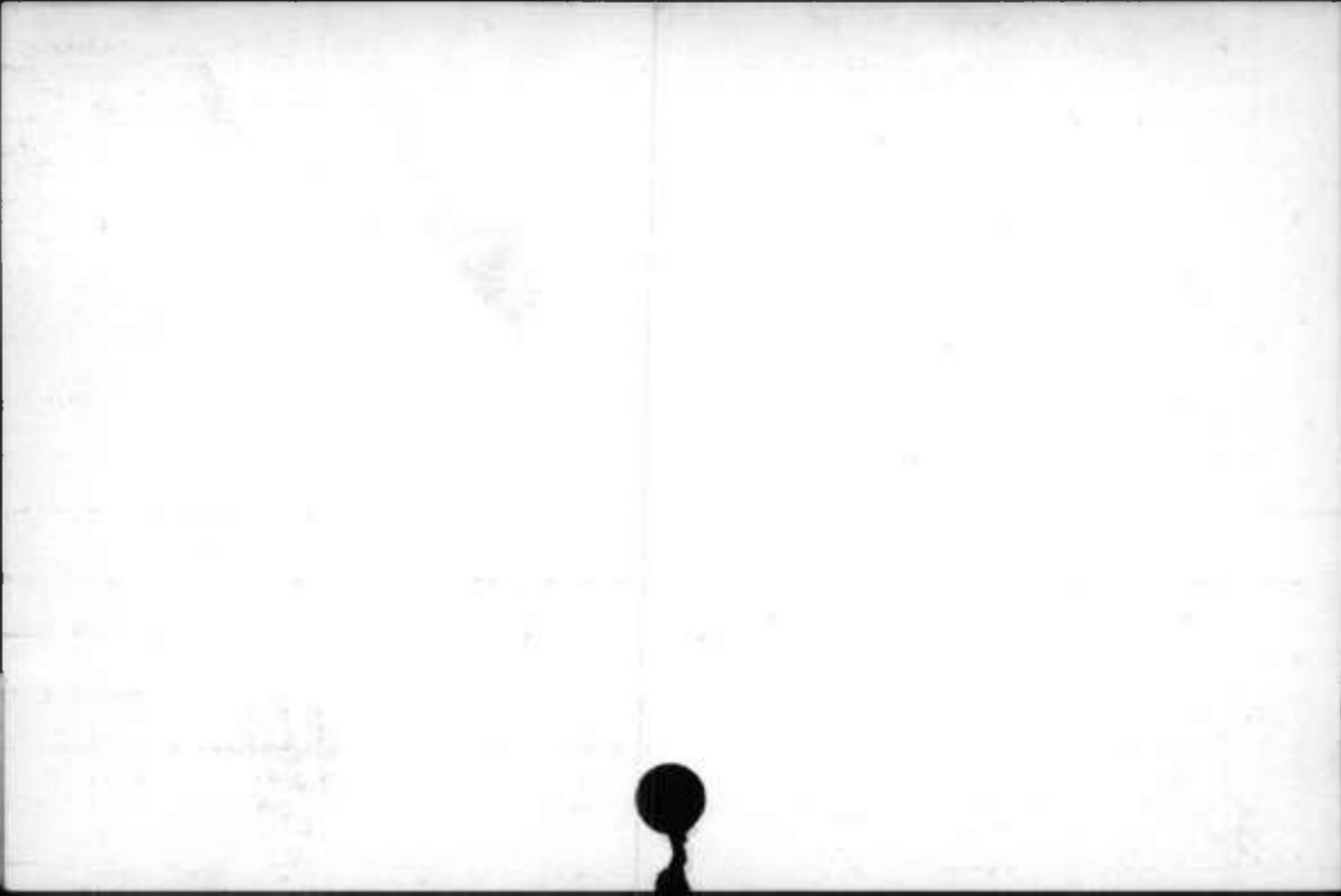
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month Jan	Day 31	Years 65	Months 3	Days 1	
Sex	Male	Color or Race	White	Birth- place			
Occupation	Farmer		Where Residing if not at place of death	Post Newmarket			
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Smith				
Father's Name	John Smith		Father's Birthplace				
Mother's Maiden Name	Sellers Glassman		Mother's Birthplace				
Name of person giving Information	George Moore		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Concussion		How long	3 months
Immediate	Brain Fracture		How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Victor S. Hitch Post Newmarket	
		Address		
Accident or Suicide?				



Mary E Stelais

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Cambridge</u>		Town <u>Dorchester</u> County		MARYLAND	
Date of death <u>1905 Jan</u>	Month <u>Jan</u>	Day <u>28</u>	Years <u>38</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Cambridge Md</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Cambridge Md</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Edward M Stelais Jr</u>	Father's Name <u>James Edward</u>			
Father's Name <u>James Edward</u>	Father's Birthplace <u>Dorchester Md</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Edward M Stelais</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary	<u>Tuberculosis Pulmonary</u>	<input checked="" type="checkbox"/>	How long <u>Some months</u>
Immediate	<u>Exhaustion</u>	<input checked="" type="checkbox"/>	How long <u>a few days</u>

Are the name, age, sex, color, date and place correctly given above?

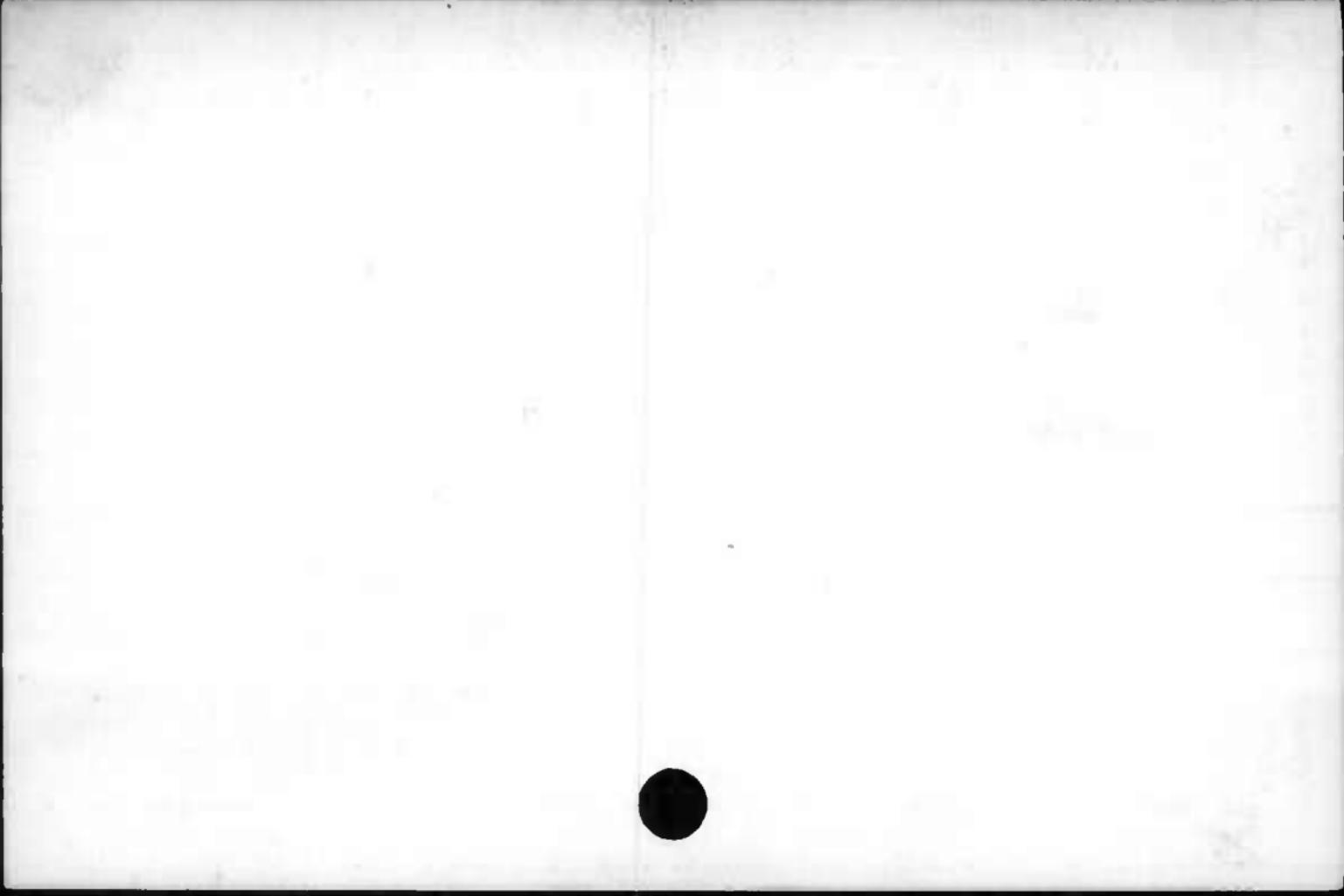
Yes

Signature of Physician

Address

Bon Stelais
Cambridge Md

Accident or Suicide?



Name
in
Full

Julia M Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1905	Month Jan	Day 11	Years 75	Months	Days
Sex	Female		Color or Race	White	Birth-place	James
Occupation	None		Where Residing if not at place of death		—	
Married, Single or Widowed	Widow	Name of Wife or Husband	Hugh Thomas			
Father's Name	Harris				Father's Birthplace	Md
Mother's Maiden Name	—				Mother's Birthplace	Md
Name of person giving information	Thos P Stolz		178		How related to deceased	Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Found dead in bed	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

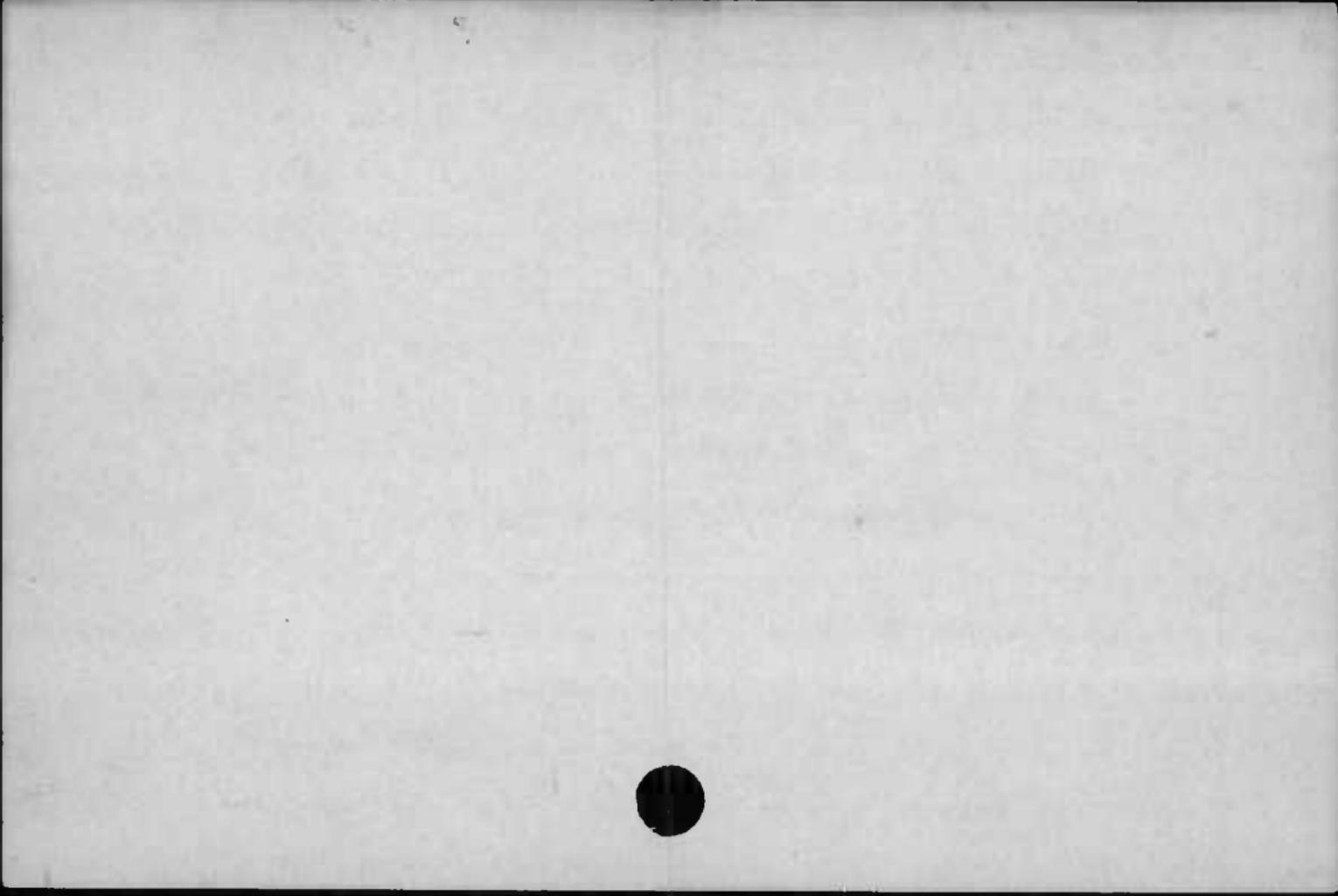
S A Stolz

Address

876-5 Cambridge

Accident or Suicide?

✓



Name
in
Full

James A. Tice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Jan	Day 12	Years 78	Months 9	Days 2
Sex	Male	Color or Race	White			
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Loren A. Tice			
Father's Name	Abraham Tice		Father's Birthplace			
Mother's Maiden Name	Mary A. Wright		Md			
Name of person giving information	Peter Tice		Mother's Birthplace			
			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal obstruction

How long

2 days

Immediate

Collapse

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

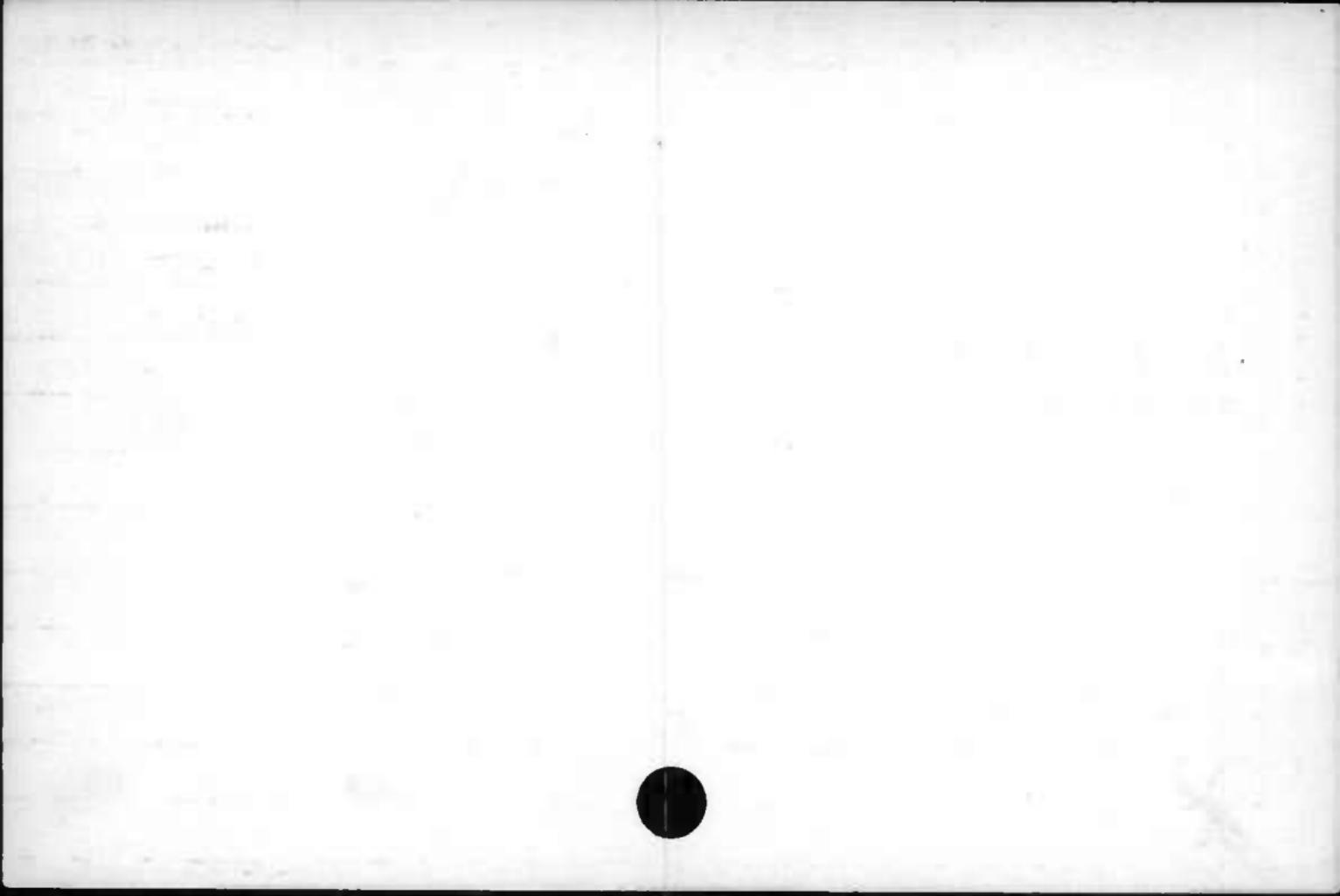
Signature of Physician

John Tice

Address

St. Louis, Mo

Accident or Suicide?



Name
in
Full

Eliza A. Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	June	9	92	3	28
Sex	Female	Color of Race	white	Birth-place	
Occupation	Housewife				
Married, Single or Widowed	Where Residing if not at place of death				
Widow	Name of Wife or Husband	Fishing Creek (Robt. C. Wallace)			
Father's Name	Matthew Wallace				
Mother's Maiden Name	Emma Crighton				
Name of person giving information	Chas. T. Wallace				
	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis, Old age		90	How long
Immediate	Pneumonia exhaustion		2 years	How long
Are the name, age, sex, color, date and place correctly given above?		yes	1 month	
		Signature of Physician	W. T. Houston M.D.	
		Address	Fishing Creek	
Accident or Suicide?		~		



Name
in
Full

Mary Waler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Jan	Day 23 rd	Years —	Months 11	Days —
Sex	Female	Color or Race	colored	Birth-place	East Newmarket	
Occupation	Infant	Where Residing if not at place of death			East Newmarket	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Cabin Creek	
Father's Name	John W. Waler	Mother's Maiden Name	Jane Thompson	Mother's Birthplace	East Newmarket	
Name of person giving information	Father, W. Waler	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

7 days

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. T. Maguire

Housewife

8

Accident or Suicide?

